A JOURNAL OF CHURCH AND SOCIETY

Social Progress

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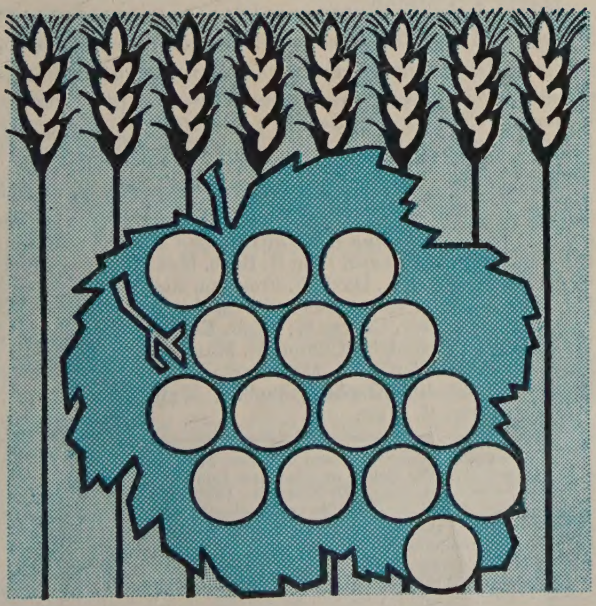

roblems of Alcohol

NOVEMBER 1961

Social Progress

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BY WAY OF INTRODUCTION

THE CHURCH has always been concerned about the problems of alcohol, but it has not always been wise in understanding them or in knowing what to do about them.

In the pages that follow we attempt to examine the phenomenon of drinking in the United States, the role of the churches in dealing with alcoholism and problem drinking, the control of alcoholic beverages, the need for community action, and the delicate question of the church's attitude toward and counsel to those who drink moderately.

The churches should recognize that we are dealing not with one problem, indivisible, but with a complex of many problems, calling for a variety of approaches and solutions. There is a great deal that the churches can do to reduce the damage related to drinking and even, possibly, to diminish the role of alcohol in American life. The church's responsibility is fourfold:

1. It should be clear that by their very nature and vocation the churches have a responsibility to minister to the victims of alcohol, the men and women who are affected, directly and indirectly, by the problems arising from the irresponsible use of alcoholic beverages.

2. It would seem to be unwise at the present time, and many would say undesirable at any time, for the churches to put all their energy into an effort to persuade everybody not to drink. They have a responsibility, however, to challenge and try to change the practices and values that make drinking unduly important and even, in some social and business situations, virtually imperative.

3. The churches have a responsibility to give encouragement and moral backing to those who choose, on ethical or prudential grounds, not to drink.

4. Finally, the churches have an obligation toward those of its members who use alcoholic beverages and who are unlikely to be

persuaded that they ought not to drink. This is an area of responsibility where the churches generally have failed. If there was anything new in the alcohol statement approved by the 173d General Assembly of the United Presbyterian Church in May, 1961, it was its recognition that the men and women in our churches who "in honesty and sincerity" choose to drink in moderation should not be met with reproach but should be helped to see that they have a key role to play in reducing the problems of alcohol.

In this discussion we follow the general outline of the statement on "The Church and the Problems of Alcohol" approved by the 173d General Assembly of The United Presbyterian Church in the U.S.A. The wording of the appropriate paragraphs of the General Assembly statement appears in boldface type at the head of each of the sections that follow.

—The Staff

The Church and the Problems of Alcohol

DRINKING IN THE UNITED STATES

The use of alcoholic beverages in our country is widespread and pervasive.

We are convinced that the enormity of the problems of alcohol and their growing complexity challenge the churches seriously to study and rethink their proper obligations concerning the moral and ethical aspects of the use of alcoholic beverages and commend to the churches the following considerations.

Social analysis precedes responsible social action. We have to try to find out all there is to know about the problem we want to deal with before we tackle it; otherwise our action is likely to be unconvincing and ineffective, or even irresponsible and harmful.

This is true (we are almost tempted to say, especially true) of the church's approach to the problems related to the use of alcoholic beverages, where the issues are complex and where overly simplified "solutions" are sometimes worse than useless.

How many people use alcoholic beverages?

There is probably a higher proportion of nondrinkers in the population of the United States than among the people of any other industrialized country of the Western world. Even so, a significant majority of the people of our country apparently approve the use of alcoholic beverages.

Estimates of the number of drinkers and nondrinkers in the population are usually related to the age group in which drinking normally occurs—15 years and over. Youth of the middle teens are included, even though they are below the legal age for the purchase of alcoholic beverages, because of the extent to which they are involved in family drinking.

Approximately 75 million persons in the United States use alcoholic beverages. This is an "educated guess." It refers to those who drink

both occasionally and regularly, and represents between 60 and 65 per cent of the population 15 years of age and over. In order to be really meaningful, however, the over-all estimate needs to be further analyzed and interpreted.

It should be obvious that drinking patterns vary greatly from section to section across the country, and from group to group in the total population.

Studies suggest, for example, that drinking is more prevalent:

- among men (75 per cent) than among women (56 per cent);
- in the under 50 age bracket than among persons 50 years of age and over;
- among persons whose parents or grandparents were born abroad than among those whose parents and grandparents were native-born;
- among the higher income families (70 per cent) than among lower income families (62 per cent);
- among persons with high school education (70 per cent) than among those who never attended or did not finish high school (62 per cent);
- in large cities (72 to 77 per cent) than in small cities (61 per cent) and rural areas 46 to 57 per cent);
- among persons of Jewish (87 per cent) and Catholic (79 per cent) backgrounds than among Protestants (59 per cent).

These are interesting and, to a certain extent, useful statistics. They suggest the extent of drinking in the American population. We need to recognize, however, that estimates of this sort are ambiguous when they tend to gather into one set of statistics a variety of drinking practices. It is rather ridiculous, for example, to include in a single figure a person who drinks once or twice a year (on New Year's Eve, let us say, or at a wedding reception), a member of the Jewish community who uses wine on ceremonial occasions, and a drunken driver or a skid-row alcoholic. The general over-all estimates of the extent of drinking in the American population are useful mainly as clues to the public attitude toward drinking.

Another and perhaps better way to measure the scope of drinking in the United States is by means of data concerning the amount of alcoholic beverages consumed.

It should be obvious that these data need to be presented in terms of per capita consumption, in order to be comparable from year to year, because of population increases. Comparing the gross figures for one year with those of another year is misleading.

It is likewise and even more seriously misleading to base comparison

on consumption figures for alcoholic beverages without regard to the wide variation in the alcoholic content of the many kinds and brands of beverages. For example, 100 proof gin is about ten times as potent, in terms of its ability to intoxicate, as an equal volume of 5 per cent beer, and the data must take this into account if it is to be worth anything at all. This means that the only valid index of the amount of drinking in the United States is the per capita consumption of "absolute" alcohol, not alcoholic beverages, among persons 15 years of age and older.

Since 1950 there seems to have been a rather steady, though quite significant, decrease in the amount of alcohol consumed by the American population, per capita over 15 years of age.

What do we mean by the problems of alcohol?

When we speak of the problems (note the plural) of alcohol, we have in mind the fact that the use of alcoholic beverages has, or can have, undesirable effects of many and varied sorts. The results are felt in many places—in family life, in office and shop, in police courts and jails, on the highways, in hospitals and sanatoriums.

The problems carry various labels —personal, domestic, medical, psychological, moral, legal, social, religious, occupational, even political.

It is realistic to talk about the *problems* related to drinking, rather than the alcohol *problem*. The all-too-frequent assumption of many who speak of the alcohol *problem* is that there is a single issue—drinking —and a single over-all solution—not drinking. This is a truly intriguing assumption, and it may be valid for some as an ultimate goal, but it offers little sound guidance in a situation like ours today where drinking is widely accepted and approved as part of our way of life, and there is no visible sign of change.

The major content of this issue of SOCIAL PROGRESS will be reprinted soon by the Division of Lay Education, with several extra pages of suggestions for study and action by local church groups. Thus, this issue will not be placed in Presbyterian Distribution Service depositories as a SOCIAL PROGRESS reprint. Announcement of the availability of the special study edition will be made through SOCIAL PROGRESS, *Monday Morning*, *Presbyterian Life*, and other channels.

PASTORAL MINISTRY

In introducing the following action we wish to emphasize (1) that alcoholism is an illness involving the whole person and his family, (2) that excessive drinking has wide social consequences, and (3) that the victims of alcoholism and of the excessive use of alcohol need the full ministry of the church.

The 173d General Assembly

Declares its deep concern for alcoholics and excessive drinkers and for their families, and for all who are hurt by the use of alcoholic beverages;

Calls attention to the training available to those ministering to the victims of alcoholism, asserting as an important aspect of the pastoral ministry of the church all appropriate attempts to help alcoholics in their illness, and to assist their families in their tragedy;

Encourages the use of clinics and other facilities when competently conducted for diagnosis, referral, and treatment of alcoholics during their illness, convalescence, and subsequent activity; and

Urges support for all organizations working effectively to assist alcoholics to recover.

There are many definitions and descriptions of the disorder we call alcoholism. It is generally agreed that a person suffers from alcoholism when he uses alcohol to such an extent and in such a way that it interferes with his life (in its physical, psychological, or social aspects) and he is either not able to recognize this effect or is not able to control his drinking even though he knows the high possibility of disaster. Alcoholism is indeed "an illness involving the whole person and his family."

How many persons are affected by alcoholism?

Estimates of the number of alcoholics, both men and women, in the United States range from under four million to nearly six million. These estimates cannot at present be more precise because of new factors in the American health picture, calling into question the famous Jellinek Formula, on which calculations of the rates of alcoholism have until now been based. Indeed, Dr. E. M. Jellinek himself, one of the world's foremost authorities in this field, believes that the formula needs to be revised.

In any case, the number of men in this country who are alcoholics may be as low as three million or as high as six million, and between one million and 1.7 million of these are in the 30 to 45 year age bracket. In this age group in the total population there are approximately 18 million men. This suggests the possibility that among American men between 30 and 45 years of age, at least *one in 18* is an alcoholic, and the proportion may be as high as *one in 11*.

Even the low rate is shockingly high, and one is bound to wonder about the reliability of the estimates used in the calculations. Whatever

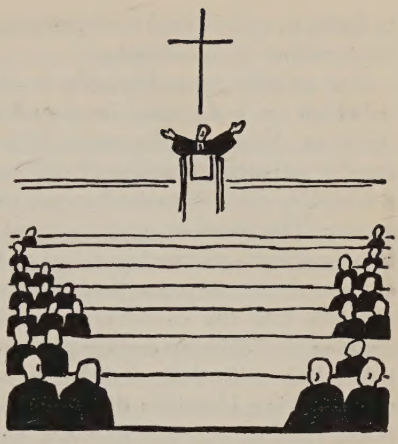
the case, alcoholism is far more prevalent and pervasive than many of us have realized, and its effect is particularly severe among men in the 30 to 45 year age group, which includes a large proportion of the fathers of our growing children, the wage earners of our homes, and the decision makers of American economic and political life.

The social effects of the use of alcoholic beverages are not confined to the four million or more alcoholics or to the additional millions of other problem drinkers. Every person who encounters difficulty in his drinking involves other persons, usually many, in his trouble—his family, his friends, his neighbors, his associates at work. It is not an exaggeration to suggest that 25 million persons in the United States, many of whom are nondrinkers, are affected by what we loosely call "problem drinkers." This is approximately one in seven of our population.

Is alcoholism a disease?

An alcoholic may be described as a person with an unmanageable craving for alcohol. His condition is characterized by a tendency toward addictive or compulsive drinking. Repeated or continuous use of excessive amounts of alcohol produces problems in various aspects of his life that become chronic and ever more serious. As his condition progresses, the alcoholic becomes increasingly dependent upon alcohol to meet a variety of situations, including even minor irritations and boredom.

Alcoholics apparently receive a satisfaction from drinking beyond that achieved by the millions of drinkers for whom the use of alcohol



is a social gratification one way or another but never an end in itself. There is evidence that suggests that people who become alcoholics are the victims of some kind of personality imbalance or disturbance before they begin to drink. There are varying degrees of disturbance, which are aggravated by prolonged excessive drinking. There is also mounting evidence to suggest that in many persons who become alcoholics there may be a physiological condition that tends to predispose them to an exaggerated reaction to alcohol.

It should be clear from the start that an alcoholic is indeed suffering from a disorder that is deep-seated and real. His drinking is pathological. Before the onset of alcoholism, he may drink for a variety of personal and social reasons, but all of these "reasons" become relatively unimportant when the symptoms of the disorder take over. From that point on he is obsessed with the idea that he needs alcohol in order to be normal. Alcohol thus becomes the most important thing in his life. To observe an alcoholic when he is trying to break away from drinking is

to begin to understand the agonizing desperation of his craving.

It is entirely correct to refer to alcoholism as a disease. In popular thinking, however, the word "disease" implies the presence of a virus, a bacillus, or a disturbed organ or system. The word suggests that certain symptoms can be identified and definite treatment prescribed. It also suggests that the condition can be avoided by following certain precautions. It is with difficulty that popular thinking identifies disease with mental and emotional disorders, the public understanding being limited and prejudiced. Because alcoholism does not fit the popular concept of disease, the writer prefers to refer to the condition as a disorder. He does this simply to avoid an argument.

We should make it clear, however, that to call alcoholism a disorder, or even a disease, is not to suggest that an alcoholic is not morally responsible for his actions. Haggling over the question of whether alcoholism is a disease or a sin usually reveals bad thinking about both the nature of alcoholism and the meaning of transgression. An alcoholic never needs to be told that he is doing wrong. He knows with a deep awareness the evil results of his excess in his own life and in the lives of others. He knows also that his condition is an affliction over which he now has virtually no control.

What is the secret of Alcoholics Anonymous?

Dr. Howard Clinebell, Jr., Associate Professor of Pastoral Counseling, Southern California School of Theology, Claremont, California, made a study of the remarkable organization, Alcoholics Anonymous, in connection with a broader study of the problem of alcoholism. He testifies to the usefulness of AA in helping alcoholics to achieve recovery, meaning continuous sobriety. He analyzes AA's success as follows:

"AA has demonstrated such amazing effectiveness, first on the level of producing initial sobriety, because:

"1. It waits until the individual is at least slightly receptive to help. This means that the alcoholic has suffered enough through his drinking so that the pain outweighs the pleasure (or perverted satisfaction) of alcoholism. AA rightly recognizes that an alcoholic's own desire for sobriety is an indispensable ingredient in any plan of help. AA is more successful because it relies on attraction as its means of bringing new members. The fact that it is an attractive fellowship enhances its effectiveness. The essential ingredient in this attractiveness is AA's lack of moralism and lack of unction.

"2. AA immediately relieves the stresses of the advanced stages of alcoholism. A psychotherapist may seek to go directly to the underlying causes of the addiction; the evangelistic approach is immediately concerned about the general condition of the soul; AA, on the other hand, concentrates on the secondary level of the problem—helping the alcoholic to stop drinking by helping to diminish the pain and problems resulting from the excessive drinking itself.

"3. It does this by providing the alcoholic with certain tools such as the 24-hour plan, which it teaches him to use to control the craving.

This is in contrast with the evangelistic approaches which sought to produce initial sobriety by means of a torrid religious experience. . . .

"4. AA immediately reduces many of the stresses of guilt and fear by allowing the alcoholic a new way of thinking about his problem. The AA conception of alcoholism—recognizing a physical factor in the sickness—renders the alcoholic's behavior intelligible to himself and greatly reduces the fear and guilt which were supplying him with added desire for the 'blessed oblivion' of alcohol.

"5. AA immediately surrounds him with an accepting fellowship of individuals who have been through his experience and can therefore establish rapport when professional counselors have failed. It is this supportive fellowship which carries him through the first trying days of recovery. . . . Again, AA uses group therapy rather than religious therapy to promote initial sobriety.

"6. AA's fine relationship with hospitals, doctors, and alcoholic clinics allows the newcomer to have the medical adjuncts to therapy which are often so important in establishing initial sobriety. This is in contrast with what might be called the 'all religious' approach.

"Beyond this success in inducing initial sobriety, AA is most effective in helping alcoholics achieve prolonged sobriety because:

"1. In contrast with the rescue mission and Salvation Army, AA deals with a smaller proportion of those whose alcoholism is complicated by the added problem of homelessness.

"2. The fact that AA depends neither on religious thrill (as evidenced, for example, by the lack of group singing) nor on a 'hot flash' type of religious experience, makes for a more stable sobriety. Religious ecstasy is apt to produce an emotional hang-over, which is destructive to sobriety. In AA, religious resources are made available on a more temperate basis and are utilized more for maintaining than producing sobriety. . . .

"3. AA provides substitute satisfactions to replace those of alcohol. Enjoyable and continuing fellowship in a group overcomes loneliness, a great enemy of prolonged sobriety. In addition there is an abundance of oral satisfactions—smoking, talking, and oceans of coffee—to replace the orality of alcoholism.

"4. It sustains sobriety by keeping the alcoholic busy helping 'those who do not know.' It gives him a sense of mission and of unique usefulness. . . .

"5. By providing a suggested series of steps, AA provides a continuing program of spiritual growth which is important, especially after the first enthusiasm of belonging has dimmed. . . .

"6. AA is successful in sustaining sobriety because it brings the pressure of responsibility to bear on the alcoholic when he is able to handle it. . . .

"7. AA is more successful in maintaining sobriety because it is successful in strengthening the person's *real* self-esteem, as distinguished from his grandiosity. It does this by keeping the initiative with him throughout the process, by making him feel accepted in a group, by respecting his rights as an adult to think and do what he himself wants to (including getting drunk), and by giving him a

sense of unique usefulness in helping other alcoholics. . . .

"8. AA tends to produce long-term sobriety because it is nonauthoritarian in organization and constituency. Each group is autonomous in all matters which affect only that group. . . . The fact that AA is a self-help program in which there are no outside 'authorities' is very significant in the light of the alcoholic's tendency to be rebellious toward authority.

"9. The fact that AA can provide continuing group support makes for long-term sobriety. AA is so well distributed that wherever a member goes he is likely to find a group."

(From *Understanding and Counseling the Alcoholic,* by Howard J. Clinebell, Jr. Copyright, 1956, by Abingdon Press. Used by permission.)

What can the churches do about alcoholism?

The National Council of Churches' statement on "The Churches and Alcohol," approved by the General Board of NCC in 1960, has this to say about the role of the churches in ministering to alcoholics:

"The churches share a pastoral concern for alcoholics, problem drinkers, and their families. We recognize that once drinking has passed a certain point it becomes alcoholism, an affliction which cannot be met effectively by the unaided efforts of the victims.

"Alcoholics are persons in need of diagnosis, understanding, guidance, and treatment. They are especially in need of pastoral care and the divine love which the church can bring them. There need be no condoning of their behavior, but neither should a church permit its antagonism to alcohol to prevent its offering an effective ministry to alcoholics and their families. Ministers and churches should not be content merely to direct alcoholics to treatment centers.

"The concern of the churches for alcoholics and their families is being shared increasingly by the community as a whole. We look to the member churches of the National Council to encourage the establishment and maintenance of clinics and other appropriate therapeutic facilities when competently conducted, for the victims of alcoholism. We urge the churches to give any help possible in working toward the cure and rehabilitation of alcoholics.

"The churches should disseminate such sound information as is now available concerning the understanding and counseling of persons with alcohol problems. The churches have a special responsibility to assist pastors to become more effective counselors in this field. They also should encourage and undertake new work looking toward the more effective use of the resources of the Christian faith to reclaim problem drinkers and alcoholics.

"We recognize the complex origins of alcoholism and excessive drinking in social pressures, emotional instability, bodily functioning, and the nature of alcohol itself. We accept the fact that alcoholism is an affliction which requires treatment. We assert our conviction that the ethical aspects of the use of alcoholic beverages should be of deep concern to the churches and the community as they seek to help the victims of alcoholism."

SOCIAL CONTROL

In introducing the following action we wish to emphasize (1) that the modern use of alcoholic beverages is not a simple, uncomplicated matter of the moral judgment of completely free individuals, (2) that drinking is too deeply rooted in the customs of Western society to be changed easily or simply by legal means, (3) that the phenomenon of drinking is related to man's inescapable anxieties, and (4) that significant remedial action must be directed to the social and cultural environment in which man lives.

The 173d General Assembly

Commends all efforts to make alcoholic beverages less attractive as a symbol or as a means of personal and social integration and adjustment;

Urges the study and support of legislation that will enable society to protect itself against the dangers arising from the irresponsible use of alcoholic beverages; and

Calls upon the churches to examine critically their effectiveness in providing the sustaining power of Christian fellowship for those who seek freedom from the powerful forces that foster the use of alcoholic beverages.

In approaching the question of the social control of alcoholic beverages, it is important to recognize the fact that drinking is deeply rooted in the customs and mores of Western society. The use of alcoholic beverages is not an isolated phenomenon easily abolished.

Any effort to control the use of alcoholic beverages or to change the patterns of drinking in our country must take into account the cultural and social setting in which drinking occurs in the various groupings of our population. The patterns differ widely as we compare the Jewish community, for example, with Irish Americans, or with Mormons.

Why do people drink?

We have already suggested that there is no single or simple answer to the question of why people use alcoholic beverages. Drinking is motivated by both cultural (or social) and personal factors.

When we speak of cultural forces in relation to drinking, we mean something much more profound and subtle than the typical forms of "social pressure." There are some who say they drink "for business reasons" or "to be a good sport" or "to keep my husband company." These explanations are really rationalizations that have very little to do with the cultural influences operating in the situation. Whether a person chooses to drink or chooses not to drink depends to a great degree upon the strength of the customs with regard to alcohol that prevail in the primary groups to which he belongs. For example, a person who is a Mormon and who looks to the Mormon community for acceptance and approval is almost certain to be a nondrinker because of the strong Mormon tradition of complete abstinence. A Jew, on the other hand, loyal to the Jewish tradition in which wine is used ceremonially, is likely to

be a moderate user of alcoholic beverages. By the same token, it is also unlikely that he will ever drink to excess because of the Jewish emphasis on sobriety. A study, made several years ago, of drinking among college students in the United States indicated the powerful role of the behavior patterns of one's own social group with respect to the use of alcoholic beverages. It is always possible for a person to deviate, of course, but this is much less likely to occur when the group has a strong, consistent pattern of behavior, well integrated with its other customs.

The survey emphasized the importance of cultural influences as opposed to individual decision in motivating drinking.

The element of personal enjoyment and satisfaction is another factor of great importance in explaining why people drink. It would appear that this is part of the motivation in nearly all drinking. It is doubtful that more than a few of the large number of persons who use alcoholic beverages would do so unless drinking did something for them that they find satisfying or pleasant. Many people claim that alcohol performs for them a useful function in the dissolving effect it has on shyness and other inhibitions that often tend to make social contacts difficult for them. The trouble is that the drinker cannot limit the relaxing effect of alcohol to the one area or aspect of his personality he may wish to subdue. The effect may go farther than is desirable.

Still another factor in motivating drinking is the alcoholic beverage industry itself. The easy availability of alcohol in attractive potable forms is bound to be an encouragement to drinking among many persons not strongly inclined toward abstinence. Not only bars, cocktail lounges, and liquor stores, but in many communities restaurants, drugstores, and supermarkets as well, are in the business of vending alcoholic beverages, and sometimes they go to great lengths to attract customers and encourage the use of their products. We should note, however, that the alcoholic beverage industry in the United States exists because most of the people of the country want to drink, rather than the other way around. The industry follows rather than precedes the desire of a great many Americans to satisfy certain "needs" through drinking. To say that the industry is responsible for the problems of alcohol is a dangerous oversimplification.

Is liquor advertising an important factor in motivating drinking?

Many believe that alcoholic beverage advertising is a major factor in

the emergence of drinking in the United States. They urge the churches to unite in a crusade to severely regulate and restrict the advertising and promotion of the use of alcoholic beverages.

The assumption here is that the purpose of this advertising is mostly to persuade nondrinkers to become users of alcohol. It is claimed that advertising is especially pernicious in persuading young people to drink.

Opponents of liquor promotion point to misleading statements and suggestions in advertisements for alcoholic beverages, to the large sums of money spent for this kind of publicity, and to the fact that alcoholic beverage advertising invades the privacy of those who oppose the use of alcoholic beverage in our society.

Spokesmen for the beverage industry insist that the right to advertise cannot be denied a legally established industry, and they point out the function of advertising in protecting the public against inferior products. They claim that practically all alcoholic beverage promotion is directed to people who drink and is intended to persuade them to use one brand rather than other brands, or one kind of beverage (wine, for example) rather than other kinds (distilled and brewed beverages).

It should be noted that the alcoholic beverage industry submits advertising matter for review and approval, voluntarily, to the Alcohol Tax Division of the Internal Revenue Office in Washington, which has set standards of accuracy and good taste. Distilled beverage advertising is especially restricted and controlled.

We all recognize that while advertising does influence behavior in the direction of certain responses, it is doubtful that advertising alone conditions behavior. What a person *does* is the result of a series of stimuli, and there must be a cumulative readiness to act. It is a great oversimplification to say that the stimuli generated by advertising alone are able to precipitate the act. To a large extent, drinking practices in America today are the result of custom and social trends of which advertising is only one aspect.

Advertising by itself may be a considerable factor in persuading a person who drinks to use wine instead of beer, or to buy one brand of whiskey instead of another, but it is probably true that advertising has very slight effect upon a person who is inclined against drinking.

Even so, there is something incompatible between an emphasis on sober thinking and living in our schools and churches, on the one hand, and on the other hand, an avalanche of alcoholic beverage promotion using every available medium and method of appeal, with its subtle persuasions to drink.

There are many who are coming to believe that alcoholic beverage advertising, which now often attempts to identify drinking with glamour and happiness and sophistication, can and should be limited to simple, unelaborated statements of fact. Perhaps the efforts of the churches should be directed toward the deglamorizing of alcoholic beverages.

To what extent can alcoholic beverages be socially controlled?

Many persons believe that at present the only workable approaches to

the social control of alcoholic beverages are those which deal with specific and manageable aspects of the complex problems of alcohol, such as penalties for drunken driving, the use of reliable devices now available for measuring degrees of intoxication, the close regulation of the sale of alcoholic beverages, and the development of sound programs of alcohol education.

In 1960 the General Board of the National Council of Churches approved a statement on "The Churches and Alcohol," which included the following recommendations for the social control of alcoholic beverages.

"1. We have affirmed our belief in a vigorous program of continuing education based on the findings of theological and scientific research as the necessary means for developing attitudes toward and making decisions on the use of alcohol. If this education is to be effective as a social control, it must be motivated by moral concern, to which all religious groups in America can and should make their contribution.

"The ethical concern of the Christian churches is an outgrowth of the transforming power of the gospel itself. Where men's whole lives are changed through the permeation of the gospel, there will be resulting change in all aspects of their living, including their conduct in reference to alcohol. It is the conviction of the Christian churches that widespread acceptance of Christian ethical standards provides the most effective means of social control.

"2. We recognize that the alcohol program is related to other social problems. Thus, another means of social control involves the removal of degrading social conditions such as poverty, disease, bad housing, poor education, and inadequate recreational and health facilities. Effective social control involves strengthening family life and creating a wholesome moral atmosphere. It involves providing mental health clinics, family case work agencies, and pastoral counseling programs as a means of strengthening persons emotionally and socially. Here again the healing, renewing power of the Christian faith must play its true role. Here also the whole social welfare program of the churches makes its contribution.

"3. The churches' efforts, properly directed to the achievement of adequate programs of education, Christian teaching, and social renewal will make more effective whatever legal controls may be necessary. The general public must be protected from those whose drinking endangers others. The legal controls relating to beverage alcohol should be aimed to reduce its use.

"Many kinds of legal controls have been advocated by member churches, among which are the regulation of advertising of alcoholic beverages, local option, government production and sale, the use of public revenue from the sale of alcoholic beverages for the benefit of alcoholics and their families, and the limitation of places and hours of sale. There is wide agreement among the churches with regard to legal restraints on driving while under the influence of alcohol and on the sale of alcoholic beverages to minors."

COMMUNITY ACTION

In introducing the following action we wish to emphasize (1) that there is a multiplicity of groups dealing with particular problems of alcohol but with little or no co-ordination about their work and (2) that the complexity and interrelatedness of the problems of alcohol demand the integration of efforts on a broad level.

The 173d General Assembly

Urges the church at all levels to make known its concern with the problems of alcohol, to work actively with groups and individuals regularly and responsibly involved in meeting some of these problems, and to seek the co-operation of all concerned persons in developing concerted community efforts.

Why is community action necessary?

One reason is that the extent and seriousness of one of the problems of alcohol, namely alcoholism, makes it a public health problem. It is a problem that demands our attention, for the social costs and pathological consequences are increasing in evidence. While it is true that only a small percentage, approximately 7 per cent, of those who use alcoholic beverages become alcoholics, and therefore victims of alcoholism, we would not want to say that those who are suffering from alcoholism are any less important than those who are suffering from cancer, mental illness, and heart disease. It is a fact that alcoholism ranks among these as a major health threat.

We are dealing with a chronic illness, of which the true origin is not known. Its origin may be physical, emotional, social, or a combination of all of these. The baffling nature of the problem and its diverse facets call for the marshaling of all community resources and the development of a community program for the control and prevention of alcoholism.

Acceptance of alcoholism as a public health problem should be unanimous, because the underlying philosophy of public health is prevention. A second reason why community action is necessary is that the phenomenon of drinking must be understood in the context of a constellation of factors that include group or community sanctions that foster or permit the use of alcoholic beverages in ways that result in serious social damage to individuals and to society in general.

If we want to influence the forces of social control in the direction of reducing problems of alcohol, there must be a comprehensive and multidimensional approach that is community oriented. Initially, this means the development of many opportunities for frank face-to-face encounters among diverse and multidisciplinary groups in the community. Ideally, it means an organization that merges *all* groups that are now regularly and responsibly involved in meeting some of the problems of alcohol. The major interest must be the problems of alcohol.

Is this a realistic approach?

The relation between a person and his total environment is dynamic. Unfortunately, there has been no comprehensive or effective approach made to the problems of alcohol in our country that takes this fact seriously. We have tried to deal, without much success, with particular problem situations as if they occurred in a vacuum, forgetting that treatment and prevention involve the whole person—mentally, physically, socially, as well as spiritually.

Further, we must come to recognize the fact that the primary reason why there are so many problems related to the use of alcoholic beverages is that there are not many values that are held universally in respect to its use. Rather, there are many ideas around which people cluster and which they try to persuade others to accept. Granted that each point of view has merit or validity, what is most urgently needed is a co-ordination of efforts for the purpose of establishing common goals and making plans to advance toward those goals on many fronts.

This approach recognizes that the problems of alcoholics are complex. We must not continue to deceive ourselves into believing that any single solution by any one group or organization will make any appreciable change in the present situation.

Is it asking too much, when so much is at stake, for all groups to come together not for the purpose of persuading others to their point of view but rather to seek ways of working together to establish common goals and to design a strategy for action?

What keeps us apart now?

There are many approaches being made in strategic areas such as law, medicine, education, behavioral sciences, sociology, and so forth. But there is no co-ordinated effort. Dr. Selden D. Bacon stated the problem succinctly, when he said: "Most of the groups concerned are neither sympathetic nor antagonistic to the other concerned groups, but rather are unaware of their existence. They are also unaware that there is a complex interrelationship of the various phenomena related to alcoholic usage and that their interests about the subject necessarily overlap and combine with interests of others."

Further, there is apt to be a fear of points of view that differ from our own. For example, consider the very important problem of teenage drinking. As Albert D. Ullman explains, one parent reasons on the basis of his understanding of the issue, but one way to assure that his child will never become an alcoholic is to teach the child to never take a drink. However, this parent is gambling that the child will never drink.

Another parent, not wanting to take that chance that his child will never drink, and in fact believes that the probability is that the child will drink someday, takes steps to reduce the possibility of the child's becoming an alcoholic by introducing the child to alcohol in a particular way.

Both parents have the same objective. They don't want their children to become alcoholics. On the basis of their present understanding of the facts of the situation, they have arrived at two different solutions to the problem.

Who will be involved in a community effort?

The individual and groups to be involved in a community effort will finally be determined by our understanding of the term "problems of alcohol."

It must be borne in mind that this term means different things to various persons in a community. To some it means a cluster of problems centered around the control and regulation of the sale of alcoholic beverages—problems such as licensing, zoning, enforcement of law, illegal production of alcoholic beverages, and so forth. To others it means a concern about traffic safety, social pressures, advertising, teen-age drinking, education in the schools, or all the problems about alcoholism. The aim would be to foster a community attack on the widest possible front.

Specifically, we should consider the various problems of alcohol and determine the individual or groups that are directly responsible for meeting them. For example, when we consider the treatment of alcoholics we think of two categories of persons, namely, those associated with medical or drug treatment, and those associated with mental or psychiatric therapy. The problems of teen-age drinking, drinking and driving, detection of alcoholism, and other important problems will by their very nature indicate the types of individuals and groups that should be involved.

The list would certainly include physicians, clergymen, social workers, nurses, personnel managers, probation officers, law enforcement officials, educators, liquor control officials, legislators, safety officials, occupational therapists, vocational counselors, psychologists, psychiatrists, representatives of youth organizations, operators of recreational enterprises, parents' groups, hospital administrators, representatives of management and labor, public health departments, and temperance organizations.

What groups are now at work?

Perhaps it would be useful to name some of the state and national groups or agencies that have programs directly related to the problems of alcohol. You may or may not find in all cases that there are cognate groups in your local community.

1. State programs. Most state governments have programs on treatment, rehabilitation, prevention of alcoholism; education about alcohol; control and regulatory procedures. Cognate or related agencies at the local level would include law enforcement agencies, public schools, departments of health, social welfare units, and others.

TCA

2. Committee on Alcoholism, Council of Mental Health, American Medical Association, 535 North Street, Chicago, Ill. The committee works with state and county medical societies to encourage leadership by the medical profession in solving this medical and public health problem. One objective of this organization is to work co-operatively with interested nonmedical groups.

3. Industrial Medical Committee on Problem Drinking, 28 East Jackson Boulevard, Chicago, Ill. The committee's prime function is to stimulate interest in the recognition and management of problem drinking in industry.

4. National Council on Alcoholism, Inc., New York Academy of Medicine Building, 2 East 103d Street, New York 29, N.Y. This voluntary organization works for the prevention and reduction of alcoholism through education, rehabilitation, and community services. The council would be glad to provide a list of its local affiliates.

5. Alcoholics Anonymous, Box 459, Grand Central Annex, New York 17, N.Y. This voluntary, informal organization of recovered alcoholics has more than 4,000 local groups. In some cities, central "intergroup" offices are maintained to offer counseling and information services to the general public and to serve as referral source for potential members. The single purpose of AA is to help members achieve sobriety and remain sober.

6. Association for the Advancement of Instruction About Alcohol and Narcotics, 52 Hillhouse, New Haven, Conn. This association is made up of educators and others interested in alcohol education for youth.

7. United States Public Health Service. The National Institute of Mental Health, Bethesda, Maryland, serves as the focal point of the Service's activities. This institute, through its community service branch and the regional offices' mental health consultants, works cooperatively with appropriate national, state, and local agencies to assist in the development of effective programs operating on various levels of recognized need.

8. American Psychiatric Association, 1785 Massachusetts Avenue, N.W., Washington 6, D.C. This professional organization is concerned with the improvement of programs of treatment, rehabilitation, research, and public education.

9. National Association for Mental Health, Inc., 10 Columbus Circle, New York 19, N.Y. The organization is a national association with many local affiliates, works for the prevention and reduction of mental illness through education and adequate care and treatment for the mentally ill.

10. National Temperance League, 131 Independence Avenue, S.E., Washington 3, D.C. The League is a clearinghouse for state affiliates and deals with legislation and other matters on the national level. One of its purposes is to promote abstinence for the individual and to support all appropriate efforts of states to deal with the problems of control as set forth under the Twenty-first Amendment to the Constitution.

11. National Women's Christian Temperance Union, 30 Chicago Avenue, Evanston, Ill. The Union is an organization of women who believe

in personal total abstinence from all alcoholic beverages and who are opposed to the manufacture, sale, and distribution of alcoholic beverages. Their program includes scientific narcotics education, citizenship, child welfare, and world peace.

12. Allied Youth, Inc., 1346 Connecticut Avenue, N.W., Washington 6, D.C. This nonpolitical, nonsectarian national education organization for high school students operates principally through local "post" or social clubs in the schools, with a program of alcohol education and help in relieving social pressure for drinking.

What is the role of the church?

In consideration of the problems of alcohol, it seems appropriate to be reminded that we can never perfectly know the "mind of Christ." Therefore, we continually seek his wisdom and guidance in relation to our problems as we live out our role as individual Christians and as a corporate body.

Furthermore, as we seek to determine the role of the church, we know that the church does not operate in a vacuum. Values communicated to persons in the home, in social groups, and through mass media often are in conflict with those of the church. Effective approaches must be formulated with due respect for the realities of the situation. One reality is that the church must be realistic in determining common goals and objectives and must learn to distinguish between immediate steps that are necessary and possible and the ultimate goals toward which we must be always striving.

Another reality is that co-operative efforts will bring the church into direct contact with individuals and groups who in some instances are the transmitters of conflicting values. But here the church can be trusted to take the initiative, if need be, to bring together those of divergent opinions and practices, for the church has the freedom that is essential to creatively finding new answers and better relationships. It has the potential for the quality of wholesome motivation essential for the task. The church is and must be an essential part of good community organization, where all facets of the community co-operate and mutually support one another.

The church should have no hesitancy in working with all other agencies designed to promote the common welfare, provided that this does not stultify its witness. And this need not compromise the integrity of the church or any other group. Co-operation is necessary and essential if Christian insights are to be communicated.

New approaches that take into consideration the constantly changing culture must be found. The Christian community should be firm in its belief that changes in the behavior patterns of people in reference to the use of alcoholic beverages can take place not through prescribing how much or how little one should drink, nor through some manipulatory process, but rather through a deeper understanding of persons and of the forces that shape and mold our culture, and because of the renewed sense of the presence of God working in and through all we do and say.

INDIVIDUAL PRACTICES

In introducing the following action we wish to emphasize (1) that the use of alcoholic beverages, particularly in our highly interdependent society, is far more than an individual problem, (2) that the use of alcoholic beverages in some situations is an invitation to disaster, (3) that drinking in any situation may have unexpected and unintended results, (4) that the practice of abstinence is imperative under certain conditions and to be encouraged in any situation, (5) that all drinking must be evaluated not in terms of one's right to drink or not to drink, but in the light of Christian responsibility for our fellow man in society, and (6) that God confers upon each of us, together with freedom, the obligation to make responsible moral choices.

The 173d General Assembly

Encourages the practice of voluntary abstinence;

Recognizes that there are many persons in our churches who in honesty and sincerity choose to drink moderately, and urges those who so drink and those who abstain to respect each other and constructively work together in dealing with the problems of alcohol; and

Unequivocally condemns immoderate drinking as an irresponsible act.

The concluding section of the statement on "The Church and the Problems of Alcohol" deals with the delicate question of personal decision and responsibility with regard to the use of alcoholic beverages.

The beginning paragraph of this section suggests certain ethical and social considerations on which the church bases its condemnation of immoderate drinking and its encouragement of voluntary abstinence. The effects of the ingestion of alcohol upon the central nervous system is such that behavior is likely to be affected, with social consequences. Thus the use of alcoholic beverages in our highly interdependent society "is far more than an individual problem."

This section clearly and strongly encourages voluntary abstinence.

At the same time the section recognizes "that there are many persons in our churches who in honesty and sincerity choose to drink moderately," and urges them not to sit on the side lines but to become involved in the church's efforts to reduce the problems of alcohol. An implication here is that this kind of involvement is more useful than argument in effecting a change of attitude toward drinking.

Is there a case for abstinence?

An argument for voluntary abstinence from the use of alcoholic beverages may be summarized as follows:

• Social drinking, no matter how harmless it may seem to be, is sometimes an introduction to problem drinking. We have already seen that the risk is very high. It is almost universally true that almost every alcoholic was at first a social drinker. We should keep in mind that it is impossible, by present knowledge, to tell in advance who can drink in relative

safety, and who may be headed for difficulty if he begins to drink.

• Social drinking is the setting or context in which problem drinking occurs. Stated in another way, if it were not for the vast numbers of social and moderate drinkers, the alcoholic beverage industry could not exist, and problem drinking would be greatly alleviated. It is the social drinkers who keep the business going.

• Social drinking is the principal influence in recruiting new drinkers. The behavior of a drunken person offers no inducement to the nondrinker; it is the example of the social drinker that he is likely to follow. Moderate drinkers, much more than excessive users of alcohol, perpetuate and extend drinking patterns and customs within social groups.

• We should remember that even slight amounts of alcohol can affect a person's efficiency and behavior in such a way as to produce trouble. One does not have to be drunk to get into difficulty through alcohol. Studies of alcohol's effect upon the performance of skilled automobile drivers show that the danger begins with the first drink, and it is not the kind of danger that is confined to the person behind the wheel. There is no doubt that a great many gruesome automobile accidents in these days are caused by people who are only temporarily and mildly under the influence of alcohol.

So goes what many regard to be a valid case for voluntary abstinence. It is, of course, a prudential argument. It says, in effect, that on the basis of the greatest good for the greatest number of persons, abstinence would seem to be better than any kind of indulgence. From the Christian standpoint, however, there is an ethical argument that goes beyond the counsel of prudence. We have responsibility for one another; we are "bound in the bundle of life." Our Christian vocation is to help others to be all that God wants them to be. At very least, we are to heed the New Testament admonition that "no man put a stumblingblock or an occasion to fall in his brother's way."

In pressing the argument based on moral responsibility, which is valid for Christians, we must remember that all about us are persons who do not or will not recognize their duty to their fellow men such as we have attempted to set forth, or they do not interpret their duty in the same way. It would seem to be their right to think separately from us on the subject of social drinking.

We have consistently used the phrase "voluntary abstinence" to define the traditional standard. The word "voluntary" suggests two things—one, the decision not to drink is not forced on a person but is one that he makes for himself, and two, it is a decision that he makes for himself without judging or criticizing those who do not choose to abstain.

Should the churches condemn drinking?

We have already raised a warning against the attitude that lumps all drinking in a single condemnation.

We believe that the argument for voluntary abstinence is a strong one for those who accept its premises. We also believe that many people with undeniable sincerity and integrity, and with ethical sensitivity equal to

our own, choose not to abstain. We believe that this open-mindedness on the subject of drinking is not leniency or compromise, but common sense informed by the Christian spirit. We believe that no man is perfect, that all men stand under God's judgment, that the way of obedience is open to those who abstain and to those who, in good faith and with a sense of our common responsibility, choose not to abstain.

By our understanding of the meaning of Christian liberty, as developed, for example, in chapter 14 of Paul's letter to the Romans, and of Christian responsibility, it would seem that a person's choice with regard to the use of alcoholic beverages should be a voluntary one which takes into account the possible effects of his decision upon himself and others.

Dr. Clinebell speaks usefully on this subject in the book to which we already have referred in our comments on alcoholism. He says: "If it is assumed that, so far as alcohol is concerned, there are only two groups ethically speaking—drinkers and nondrinkers—an unfortunate splitting of the ranks occurs. Those who hold very strongly to the abstinence position often forget that there is another group who are as opposed to excess as they are and who might be allies in developing sanctions against drunkenness. From our study of the Jewish culture we know that such sanctions are extremely effective in preventing alcoholism. We also know that unified sanctions against drunkenness do not exist in American life in general, and that their absence contributes to the high rate of alcoholism. Those who are compulsive in their espousal of abstinence tend to drive the real moderationists—whose existence they do not recognize—into identifying themselves with those who use alcohol to excess.

"Even the churches tend to divide ranks along these lines. The churches in the temperance tradition have tended, on the one hand, to regard their position as the only 'Christian' one, to misunderstand the nature of alcoholism, to divide all persons into two groups—drinkers and nondrinkers. They have tended to ignore the more fundamental problem in alcoholism—the sick personality—which should have been their primary concern as Christians. On the other hand, the nontemperance churches, partly as a reaction to the temperance churches, have tended to overlook the realistic dangers of the use of alcohol in our neurotic culture, to treat drinking as if there were no moral problem involved, and to ignore the seamy side of drinking. Both sides have over-

simplified the ethical complexities of the problem. Thus the churches, which should have been helping to form unified cultural sanctions concerning the use of alcohol to excess, have contributed to the confusion."

It seems to us that the approach of the churches to the problems of alcohol should not draw a line between the "problem" and the "solution" in such a way as to put everyone who uses alcoholic beverages on the side of the devil, and everyone who abstains on the side of the angels. The approach should be made in such a way that persons who conscientiously do not choose to abstain and those who do choose to abstain will be able to work together for the alleviation of the many problems of alcohol about which both are deeply disturbed.

What is the church's responsibility toward those who drink?

It is the part of wisdom for the church to recognize that indeed there are many persons within their constituency who "in honesty and sincerity" choose not to be abstainers from the use of alcoholic beverages. The attitude of the churches toward this important group of people should not be condemnation and rejection. Neither should the churches simply and blindly condone the use of alcoholic beverages.

Rather, the churches would seem to have a responsibility to help those who drink to understand that they have a unique responsibility in respect to the problems of alcohol, and that perhaps they are in a better position to change the patterns of drinking in American society than those who stand on the outside by choosing not to drink. The new United Presbyterian statement is careful not to prejudice the case by requiring that everyone "abstain" before there can be concerted attention to any of the problems related to drinking. It assumes that a person seriously seeking solutions to the problems of alcohol will along the way find help in making the ethical decisions necessary for him to act obediently and responsibly. The statement seeks to free those who voluntarily choose to abstain from alcoholic beverages, as well as those who in the free exercise of conscience choose to drink occasionally and in moderation, from being unjustly labeled. It says that there rests upon all of us in the church an inescapable duty to use our freedom for the glory of God and the benefit of our fellow men. Users and nonusers alike, we are called to engage in unrelenting attacks upon the abuses of alcohol, and the social and individual consequences of these abuses.

So the statement protects our freedom under God, while focusing attention where it should be focused—on the charity with which we are to use our freedom.

Are we ready for a new thrust in alcohol education?

The statement on the problems of alcohol approved by the United Presbyterian General Assembly in Buffalo in May, 1961, provides the basis for a new, vigorous thrust in alcohol education.

The older approach of sternly moralizing about the evils of alcohol and including all drinking per se with sin is, we believe, Biblically illiterate, ethically unsound, and (es-

pecially today) logically unconvincing. Broadside condemnations of drinking are likely to do more harm than good by confirming the suspicions of many of those who choose not to abstain that the church really has nothing relevant to say about the problems related to drinking.

The new statement heralds a new approach in alcohol education and in united action on the problems of alcohol, an approach that is informed by a new understanding of both the dynamics and the dimensions of the problems, that is ethically sound, and that is pragmatically realistic.

ALCOHOLISM

A Self Test

Indicate your best judgment on each statement below, marking *true* statements with a *T* and *false* statements with an *F*.

_____1. Alcoholics are the same—display the same behavior—wherever they are found in the world.

_____2. Alcoholics are found equally in all groups and classifications of people.

_____3. There are undoubtedly psychological causes for alcoholism, but no definite proof of a physiological cause has yet been offered.

_____4. "There are 4½ million alcoholics in the United States." This is a rough estimate only, and other figures presented may be higher or lower.

_____5. One personality trait common to most alcoholics is that of independence of spirit—a lack of need to depend on others.

_____6. There is a significance in the experience of the "first drink" taken by a person who later becomes an alcoholic.

_____7. The main purpose of Alcoholics Anonymous is to help the alcoholic understand his drinking—his motives and his needs.

_____8. The alcoholic can never stop drinking permanently until he "hits bottom"—turns in genuine despair for help.

(Answers on page 47)

Spirit and Spirits

Excerpts from *Spirit and Spirits: A Study of a Social Function of Alcohol Intoxication*, by Samuel Z. Klausner, Bureau of Social Science Research, Washington, D.C., and Columbia University

The Problem

The prevalence of alcohol intoxication has been related to man's inescapable anxieties. Anxiety is conceived to be a reflection of the battle between man's expressive passion and the forces inhibiting it. Alcohol strikes at the inhibiting forces, allowing release of passion and dissolution of anxiety. The fact that this is more characteristic of one society than of another is interpreted in terms of "custom." Each society has its own attitudes regarding ways of reducing anxiety. Some societies disapprove of alcohol and provide an alternative technique for fighting anxiety. Drinking is less prevalent in these situations.

What function does alcohol fulfill for the individual and for society? The functions of drinking are manifold. It is not likely that it would be so widespread if it met only a single need. We will concern ourselves with the most widespread type of drinking. This is drinking in social groups as a regular and accepted feature of the culture. Social drinking is less the result of a solitary decision than compliance with a social command. Individual need is interwoven with social relationships. The thesis of this paper is that social drinking is religious-type behavior. What is meant by alcohol intoxication as a religious-type act?

Faith and Alcohol

In the preceding section, reference was made to interpretation of drinking in terms of anxiety reduction. The psychoanalyst is concerned with anxieties resulting from the clash of unconscious forces.

How is it that these anxieties do not prevent people from acting? What enables people to act despite recognition of the attendant anxieties? Where does the martyr derive the ability to endure or the soldier the courage to advance? Actions in the face of anxiety will be said to be aided by "faith." The concept of "faith" is offered as a partial answer to the above questions. Faith will be defined as a generalized attitude that is evolved through certain social relationships and that enables action in the face of anxiety. So defined, it has more in common with the popular notion of courage than with as-

sent to a doctrine. The process by which an individual acquires this courage will be called "faith achieving." Faith achieving is a process of symbolically eradicating differences between people. The principle faith-achieving groups are the religious, ethnic, or community, and family groups. For religious groups, the achievement of faith is a principal function. In the ethnic, community, or national group, it is associated with other functions, such as exercise of political control over a territory. Within the family, faith achieving accompanies the function of procreation and socialization of children. An individual's ties to these groups create the possibility of faith achieving. If the relation of an individual to any of these faith-achieving groups is disturbed, his ability to achieve faith is endangered. Since faith is necessary for action, this is a frightening prospect.

Alcohol intoxication may contribute to the achievement of faith in two ways. First, it is a device enabling individuals to improve their relationship with their faith-achieving groups. Second, it is in itself a means of achieving faith. This paper will attempt to demonstrate the relation between alcohol intoxication and solidarity with the faith-achieving groups. An examination of the situations in which drinking occurs will show that it increases in those cases where the relationship to community, family, or religion is disturbed. It will be suggested that drinking may be thought of as an attempt to re-establish those relationships or provide a functional alternative for them.

Alcohol and Community

This section illustrates that alcohol intoxication occurs when there is some disturbance of an individual's relationship to his community. If drinking occurs in this situation and less so in the reverse situation, the inference is possible that drinking is the individual's attempt to restore this relationship or to provide a substitute for its faith-achieving function. An examination of the evidence suggests that drinking increases when there is a general breakdown in social organization.

If certain sectors of a society are less integrated into that society or more loosely organized internally, we would anticipate increased drinking within that sector. Lack of integration might be related to having a poorly defined position within the structure. This could be experienced by individuals as insecurity. Members of different age groups within a society are secure in varying degrees. In modern industrial society, where the young must carve out a niche for themselves, the position of younger people is less fixed than that of older. Our hypothesis would lead us to anticipate a greater amount of drinking on the part of the younger.

An examination of statistics shows that in the United States, 64 per cent of individuals in their twenties drink as compared with only 48 per cent of those over 50. In Canada, the comparable proportions are 75 per cent and 59 per cent. This shows a decrease in drinking with age, consistent with the hypothesis.

It is well known that community ties are weaker in an urban than in a rural environment. The ethos of rural life is characterized by a

broader interest of one person in another. Urban social life is more segmented. It tends more to be limited to occupational interaction and more or less formal after-hours social contacts. This leads us to expect greater drinking among people from an urban than a rural environment.

This may be seen in an examination of statistics. In Canada, 62 per cent of the farm population indulge in drinking, whereas 76 per cent of those in cities over 100,000 do. In the State of Washington, 46 per cent of the farm population and 77 per cent of those in cities over 1,000,000 drink. This is consistent with the hypothesis. There is more drinking in urban areas, where the community ties are weaker.

Individualism is another socially disengaging force. The individualist, standing on his own, making more independent decisions and taking on himself more responsibility, lacks the close community ties of the "group man." An increase in individualism follows an increase in education. Consequently, we anticipate that the more highly educated should drink more. They are more exposed to the stresses and anxieties of decision and have weaker social ties for support. Similarly, the higher the income, the more individualistic a person is. The wealthier should also be expected to drink more.

Sixty per cent of those having had only an elementary school education drink, but 64 per cent of those who have had some college do so. The difference is small and the association between drinking and education is slight. It is, however, in the anticipated direction and confirms the hypothesis. The more individualistic educated people, with weaker community ties, tend to drink more than the less educated. Among those with family incomes below $1,000, only 40 per cent drink, but 80 per cent of those with incomes over $5,000 do. Is this a consequence of the fact that the wealthier can afford more? That this is not simply an economic influence is suggested by previous findings that a poverty-stricken group such as the people of Chamula in Mexico are heavy drinkers. Further, in a study of drinking among college students, it was found that those whose parents had incomes above $10,000 most frequently explained abstention in financial terms.

The relation between community and alcohol may be summarized. Drinking increases in a society when its social discipline is relaxed, . . . when there is a social dislocation, . . . when a certain sector of the population has a less secure position, and is more frequent . . . among the more highly educated and prosperous sectors of the population. In these situations, the community is not able to serve persons as well as faith-achieving groups. As a consequence, they resort to drink to help them re-establish social ties. This reaffirms the community as a faith-achieving group. Failing this, the drinking may serve, in itself, as a means of faith achieving.

Alcohol and Family

The well-integrated family has its doctrines and rituals, which contribute to faith achieving by symbolizing that they belong together. In commensality, they are joined in common sustenance. They care for one

another during illness and work for one another during health. They are united by common parentage or by the symbolic blood tie sanctified by marriage. They live in a single domicile, or at least in propinquity. Man and wife unite sexually, and their union is represented in their children. When family ties break down, individuals become estranged from the family, and it can no longer function as a faith-achieving group. We hypothesize that in this case, alcohol enters as part of the attempt to reestablish family ties or as an alternative means of achieving faith.

The influence of broken homes on drinking was studied among high school students in the vicinity of Wichita, Kansas. Where one or both parents were absent there was an increase in drinking. This finding does not hold for the nonmetropolitan area around Wichita. It might be supposed that the loss of family is, in part, compensated by community or other extended family ties in rural environments.

Differences between drinking patterns of men and women may be related to the influence of family. The woman is generally more deeply involved in the family than the man. With their stronger family ties, women would be expected to drink less than men. To test this, it is possible to compare drinking among men and women in cultures where their family role is more or less absorbing. The ratio of male to female drinking may be compared in several cultures, namely, Chile, England, the United States, and Canada.

In all these countries, men drink more than do women. The relation of men and women to family roles in the respective countries differs. This affects the drinking pattern. In Chile the female role is traditional. Almost all of her life revolves about family relationships. Family relationships are very significant for her. In Chile, 71 per cent of the males but only 6 per cent of the females become drunk on any occasion. The male-female rate of drinkers is probably not quite so sharp, but it is reasonable to expect the ratio to be greater than in the other countries, where the female is more emancipated from the home. In the United States, 70 per cent of the males and 46 per cent of the females drink. In England the proportions are 78 per cent and 60 per cent, and in Canada 76 per cent and 64 per cent. It is probable that the differences among these three countries are related more to differences in the male than in the female position. The differences in female position are an indirect function of the male position. In the United States, the male is more taken up by his occupational role than in either England or Canada. This takes him out of the home, leaving the home a more exclusive concern of the female. As a consequence of male absence, the American wife is more involved in the home than her Canadian and English sisters.

Further evidence appears when drinking by women is studied through two generations. In the recent generation, women are less involved in the home than were their mothers. The difference between the male and female roles is decreased. We should expect less difference between male and female drinking patterns in this than in the last generation. Statistics support this thesis.

According to one study, 76 per cent of men and 51 per cent of women drink, while in the previous generation the proportions were 46 per cent and 19 per cent. Male drinking exceeds female in this generation by half as much again, whereas more than twice as many males as females in the previous generation drank. The smaller ratio in this generation is as anticipated. Looked at in another way, it is possible to say that male drinking has less than doubled in frequency, while female drinking has almost tripled from one generation to the next.

Alcohol and Religion

The theme of this paper has been to relate alcohol and the achievement of faith. The relation should be most marked with reference to religious groups. For them, faith achieving is a primary function. Religion and alcohol have been intertwined throughout the world.

If alcohol is thought of as a partial substitute for religion, it might be expected that the nonreligious, those who are estranged from their religious faith-achieving group, would drink more than others. The State of Washington study supports this expectation. Eight-one per cent of those without a religious affiliation were drinkers, as compared with 61 per cent and 68 per cent of those who claimed Protestant and Catholic identification respectively. For some, drink seems to be an alternative way of achieving faith.

In terms of the general hypothesis of this paper, it might be anticipated that Jews and Catholics would drink less than Protestants. The Protestant Church is the most individualistic and has the loosest hold on its members. Individualism has been related to increased drinking. Most studies show the reverse to be the case. For example, Popham found that in the United States, 87 per cent of the Jews, 79 per cent of the Catholics, and 59 per cent of the Protestants used alcohol. This finding is usually explained on the basis of the incorporation of alcohol in Jewish and Catholic religious rites and the sanctions against the use of alcohol among some Protestant denominations. This is a partial explanation. That it does not tell the entire story is suggested by the fact that in Canada there is no difference between Catholic and Protestant drinking. In both cases, about 70 per cent drink.

We must seek farther for the answer. Among Jews, almost all drink; yet there are few alcoholics. It would be quite impossible to be an observant Jew and not drink, since wine appears so frequently in religious rites. The ubiquity of wine is sometimes given as an explanation for the lack of pathological drinking among Jews. There is some evidence that there may be a relation between general cultural acceptability of alcohol and its not becoming pathological.

The problem still remains to account for religious differences in relation to alcohol in general. The question might be clarified by comparing consumption of alcohol and the rate of alcoholism in various Catholic and Protestant countries. Based on data provided by Popham, we may compare the number of alcoholics in each country and the per capita consumption of absolute alcohol per year. Countries may be classified according to whether they are

predominantly Protestant, Catholic, or mixed. In the countries where the population is mainly Catholic (France, Italy), there are 1,140 alcoholics per 100,000 of population for every imperial gallon per capita of absolute alcohol consumed. In countries of more mixed population (United States, Switzerland, Canada) the ratio is 1,718. In predominantly Protestant countries (Sweden, Denmark, Norway, Finland), the ratio is 2,162. For the same alcohol consumption, pathological drinking is more likely to occur in Protestant than in Catholic environments. This is consistent with the general faith-achieving hypothesis of this paper. More individualistic Protestantism is characterized by less control over the individual, and drinking is more likely to develop a compulsive character. It is related to strengthening ties with the religious faith-achieving group. Protestantism, particularly the more ascetic Calvinist branches, does not provide for the emotional release necessary for faith achieving. The release of inhibition, within limits, is required for realizing brotherhood and the faith. The rate of alcoholism in Protestant environments may also be understood as a substitute for the faith achieving not available through the institutionalized church.

Conclusion

The sparseness of research findings in the field of alcohol intoxication allows for only tentative conclusions. What information is available, however, supports the general hypothesis that alcohol intoxication functions to enable people to re-establish relationships with their faith-achieving groups or as a substitute for faith achieving through them. It makes a difference whether a person binds himself for faith achieving to religion, nation, or family. In these cases the faith or courage achieved will be used to implement different kinds of values. Faith achieved in a national context may provide energy for conquest, whereas that achieved in a religious context may underlie the courage to face death. It is needless to say that the attempt to achieve faith through alcohol has different consequences from the achievement of faith through prayer or national dedication. (Copies of the complete paper are available from the Office of Church and Society, Witherspoon Building, Philadelphia 7, Pa.)

Behind the Scenes

Abstract of a report on the first longitudinal study of alcoholism that utilized research data of the Cambridge-Somerville Youth Project—initiated in 1935 by Dr. Richard Clarke Cabot, a physician and social philosopher at Harvard University. This material, collected by observers who did not know that their material would eventually be used to analyze alcoholism, offered an opportunity, which has seldom been found in the history of social science and even more rarely in the study of alcoholism, to trace the development of hundreds of men from childhood to adulthood. The complete report, entitled *Origins of Alcoholism*, made by the current researchers William McCord and Joan McCord, with Jon Gudeman, is published by Stanford University Press, 1960. Used by permission.

How does it happen that several million men and women in modern America put alcohol above any of the other satisfactions of life? Various answers—social, philosophic, religious, medical, psychological, humorous—have been proposed. Yet these answers have been produced by studies of selected alcoholics, after their identification as alcoholics, whose backgrounds have then been reconstructed.

In this study, on the other hand, we begin with a group of boys and trace them to adulthood. Some of the boys grew up to be criminals, some alcoholics, and some never came into conflict with the mores of society. We compare the minority who became alcoholics with the majority who have not been defined by their community as "deviants."

CURRENT THEORIES OF ALCOHOLISM

One of the more popular opinions about the causation of the disorder [alcoholism] attributes alcoholism to a physically based craving for alcohol—a craving caused by nutritional deficiencies, glandular disorder, innate metabolic dysfunctions, or an unfortunate inheritance.

Tests of this hypothesis on the Cambridge-Somerville sample suggest: (1) that metabolic disturbances are not significantly related to

alcoholism; (2) that glandular disorder does not lead to alcoholism; and (3) that evidence for a hereditary explanation of the disorder is lacking.

Psychological Theories of Alcoholism

Increasingly, science has abandoned physical explanations of alcoholism and has turned instead to the theories proposed by psychology, particularly by psychoanalysis. Like physical interpretations, psychological theories draw their evidence from the analysis of *post-hoc* samples—alcoholics who have already been committed to a mental hospital or who have already approached a clinic for psychotherapy. From the psychoanalytic couch have come three major theories of alcoholism. (1) The Freudians have attributed alcoholism to one of three unconscious tendencies (or to a combination of the three): self-destructive urges, oral fixation, and latent homosexuality. (2) The Adlerians have explained alcoholism as a striving for power, a reaction to a pervasive feeling of inferiority. (3) The interpersonal psychologists, like Robert White, believe that the disease may be a response to a number of different motives, but most commonly to a suppressed conflict between dependent drives and aggressive urges.

An evaluation of psychological theories [resulted in] several negative conclusions: (1) boys who showed oral tendencies did not tend to become alcoholic; (2) boys who were markedly feminine (presumably with latent homosexual tendencies) did not have a greater tendency to alcoholism; and (3) boys whose mothers strongly encouraged dependency were not more likely to become alcoholic in adulthood. Two tentatively positive conclusions can also be drawn from the data: (1) boys with marked suicidal tendencies *may* have been more likely to become addicted, and (2) boys with strong, consciously expressed inferiority feelings were significantly *less* likely to turn to alcoholism for relief.

Sociological Theories of Alcoholism

Sociologists have produced impressive evidence demonstrating that rates of alcoholism are significantly related to the social structure. The value placed on alcohol, its uses in society, the manner in which drinking is socially controlled, are all culturally determined patterns. Albert D. Ullman has expressed the opinion of many sociologists concerning the nature of alcoholism: "[If] the drinking customs, values, and sanctions—together with the attitudes of all segments of the group or society—are well established, known to and agreed upon by all, and are consistent with the rest of the culture, the rate of alcoholism will be low."

Research into three aspects of society—ethnic groups, social class, and attitudes about alcohol—has lent support to sociological theory.

Perhaps the most sophisticated research into the relation between ethnic group values and alcoholism has been conducted by Robert Freed Bales, who has suggested that sociocultural conditions affect rates of alcoholism in three ways:

"First is the degree to which culture operates to bring about acute needs for adjustment, or inner ten-

sions, in its members. [Second is] ... the sort of attitudes toward drinking which the culture produces in its members. . . . The crucial factor seems to be whether a given attitude toward drinking positively suggests drinking to the individual as a means of relieving his inner tensions, or whether such a thought arouses strong counter-anxiety. [Third is] . . . the degree to which the culture provides suitable substitute means of satisfaction."

Past research has led sociologists to the view that alcoholism will be at its highest level in ethnic groups in which tension is high and drinking habits are not subjected to consistent social control. Our research generally confirms past studies.

A brief review of a few sociological viewpoints about alcoholism tends, in general, to confirm prior research: (1) native Americans and North Europeans (especially the Irish) produced significantly higher numbers of alcoholics than did other ethnic groups; (2) native Americans had a significantly higher rate of addiction than did immigrants from other cultures; (3) middle-class Americans are significantly more prone to alcoholism than members of the lower-lower class; and (4) parental conflict concerning alcoholism may produce more addiction. These findings tend to support the argument that consistent attitudes, consistently enforced, will prevent alcoholism.

SOME PREDISPOSING FACTORS

The Cambridge-Somerville sample confirmed that certain "predisposing" factors in the background of a person were related to the onset of alcoholism. By creating anxiety or by offering outlets for anxiety, these influences tended to promote alcoholism or retard it. Specifically, it has been shown that:

1. Intense parental conflict was positively related to alcoholism.

2. Neural disorder, especially in combinations with intense family conflict, tends toward alcoholism.

3. Children reared in families characterized by incest or illegitimacy were significantly more likely to become alcoholics in adulthood.

4. Strongly Catholic mothers produced fewer alcoholic sons than mothers who were weakly Catholic.

Fifty-five per cent of the alcoholics (as compared to 36 per cent of the nondeviants) had backgrounds of extreme parental conflict, definite neurological disorder, or sexual deviance in the family. Only 7 per cent of the alcoholics (as compared to 25 per cent of the nondeviants) had devoutly Catholic mothers.

DEPENDENCY CONFLICT

We have indicated that alcoholism was more prevalent in certain ethnic groups than in others, that it was more common among nominally religious people, and that it was more a middle-class than a lower-class

phenomenon. In addition, the evidence leads to the conclusion that conflict within a child's family, neural disorder, familial sexual deviance, and parental disagreement over the use of alcohol were often associated with alcoholism. These findings indicate that alcoholism is a response to "stress" or "anxiety" (neurologically or environmentally produced) and that it is aggravated by lax or inconsistent social control over the uses of liquor.

Our findings show that children who undergo several kinds of experiences that would be expected to increase dependency conflict tend to become alcoholics as adults.

Specifically, we have shown that the following early influences bear a significantly positive relation to adult alcoholism:

1. Maternal alternation between active affection and rejection;
2. Maternal escapism;
3. Deviant—i.e., criminal, promiscuous, or alcoholic—behavior of the mother;
4. Denigration of the mother by the father;
5. Antagonistic relationship between the parents;
6. Maternal resentment of her role in the family.

Seventy-three per cent of the alcoholics had family backgrounds characterized by at least one of these six types of behavior.

On the other hand, we have shown that certain other measures pertaining to the mother are not related to adult alcoholism: maternal passivity, the mother's sex anxiety, the number of husbands the mother has had, her encouragement of dependency in her son, and her discouragement of masculine behavior on the son's part.

ROLE CONFUSION

Our evidence indicates that alcoholics differ from "normal" people in that they found reason to reject their paternal models and had few clearly expressed expectations imposed upon them. Specifically, we have shown that the following early conditions are significantly related to adult alcoholism:

1. Overt paternal rejection or parental punitiveness;
2. Paternal escapist reactions to crises;
3. Absence of high parental demands for the child;
4. The influence of an outsider who is in conflict with the parents over expectations for the child;
5. Subnormal maternal restrictiveness;
6. Lack of supervision of the child.

THE INTERACTION OF CAUSES

In discussing the relatively high alcoholism rates found in America, we have pointed to the importance of middle-class values, which emphasize an ill-defined goal of success to be achieved through masculine independence. In the context of our theory of alcoholism, these values produce both role confusion and dependency conflict.

Although anyone viewing the differential alcoholism rates between America and other countries must acknowledge that some cultural influence contributes to the high rates among Americans, he would still be inclined to ask: *How* do these differences contribute to alcoholism?

In our view, interpersonal relations within the family are the key to alcoholism.

We believe that a primary characteristic of alcoholics is that they suffer from heightened dependency needs.

As a final assessment of the effects of childhood background on alcoholism, we were able to identify four types of families that, within the scope of the sample, produced *only* alcoholic sons. Two of these types were composed of mothers who probably developed dependency conflicts in the child and fathers who probably promoted role confusion. Specifically, these families were those in which (*a*) the mothers were overtly ambivalent and deviant and not strongly Catholic, the fathers were antagonistic or escapist or denigrated their wives, and low demands were imposed upon the son; or (*b*) the mothers were escapist and not strongly Catholic, and the fathers were antagonistic toward their sons. Of the nine subjects who had one of these backgrounds, all became alcoholics.

A second group of families could be roughly described as strongly promoting dependency conflict and role confusion through the influence of an outsider. Specifically, these families were of two types: (1) those in which an outsider was in conflict with parental values and which also contained an antagonistic-escapist father, or (2) those in which an outsider was in conflict with parental values and also contained an overtly ambivalent or deviant or escapist mother. All six subjects who had these backgrounds became alcoholics.

If a prediction had been made that all, and only, those boys raised in one of these four types of family environments would become alcoholics prior to middle age, this prediction would have been 93 per cent accurate.

CONCLUSIONS

We have pointed to numerous conditions that appear to compose the causes of alcoholism. In attempting to make a coherent theory out of the many significant relationships we have found, we have centered on three types of external pressures: family background, cultural pressure, and the adult situation.

Adult Experiences in Causation

We have been almost solely concerned with those early experiences that apparently produced alcoholism. We have also speculated on the adult lives of alcoholics.

In a general sense, we know that the prealcoholics—simply because they were adult males in America—were subjected to a number of pressures. Our culture expects boys to become increasingly independent, self-reliant, and masculine as they

approach manhood. The prealcoholics, like all American men, were pressed by their culture to renounce their dependent desires even more strongly than before. Such demands —imposed on an already unstable character structure—undoubtedly created great anxiety in the prealcoholics.

What adult events serve to trigger the prealcoholic's disorder, to push him beyond incipient alcoholism to the point of outright addiction? Unfortunately, there is little objective information on this problem. . . . Some sources indicate that alcoholics have typically undergone three adult experiences that seem to tip the balance in favor of alcoholism. First, they are exposed to specific environments in which hard drinking is presented as an attractive "style of life." Second, they are subjected to experiences that severely frustrate their desires to be dependent; they "try out" alternative ways of securing dependent satisfactions, only to meet with frustration. Third, various events seriously undermine their self-image of masculine independence. Let us examine each closely.

1. *Drinking as an attractive way of life:* In our society, advertisements and the mass media present the imbibing of alcohol as a thoroughly enjoyable process. Moreover, alcohol is readily available, even among "dry" communities. The availability and attractiveness of alcohol in modern America are important factors in our generally high rate of alcoholism.

Beyond this, the alcoholic has typically been subjected to experiences in adulthood that may give him further encouragement to drink heavily.

2. *Frustration of dependency urges in adulthood:* As we have pointed out, the potential alcoholic, simply by being a man in modern America, must sacrifice many of his dependency longings; he must strive to be self-reliant, brave, independent, and resourceful. As an adult, he is exposed to continuing frustration of his heightened dependency longings.

3. *Attacks on the independent self-image:* It has been demonstrated that prealcoholics tend to be aggressive, manly, and independent. Events that undermine this masculine self-image and expose the deficiencies in the façade should heighten the tendency to seek comfort in alcohol. Such experiences are, indeed, commonly found in the adult lives of alcoholics.

Although our research leaves many unanswered questions, the findings suggest that the "predisposition" to alcoholism is established rather early in life, through the person's intimate experiences within his family. This theory is necessarily a speculative one, but it is supported not only by the new longitudinal data, but indirectly by such well-established facts as the male-female difference in rates of alcoholism.

Alcoholism, like crime, may be one of the unfortunate prices our society has to pay for the virtues of the "American way of life." Nevertheless, the uniquely pathological environments that specifically lead to the disorder may not be an inevitable part of our society. And if alcoholism is caused by early familial experiences, there is hope that our society may find the means to eliminate those influences which doom so many Americans to a life of alcoholic madness.

Attitude Modification

Excerpts from *Attitude Modification in Alcohol Education*, by Robert D. Russell, Stanford University

ATTITUDES toward alcohol as a beverage may form early, may run a wide gamut, and may be either quite vague or quite sharply defined. As a focus for educational effort, attitudes occupy a place somehow and somewhere between the transmission of knowledge and the influencing of behavior. Probably most knowledge, for most people, is simply translated into a "sensible" context by the individual's present attitudes—that is, it either can be fitted in or it is discarded. However, it also happens (though often in some indirect way) that knowledge acts to change or modify an attitude, and this is the basis for the educator's faith in his task. Behavior, in turn, is largely a reflection of attitudes, but this is very complex and will not be dealt with here—at least on the theoretical level.

As we turn to the classroom as an arena for the exchange of ideas—with the teacher as the chief contributor—we must first recognize the naïveté of the notion that whatever a teacher teaches will be "learned" and applied. Communication at the level of fact is not simple, but it certainly is less complex than that related to belief or behavior; here, problems related to the teacher-student relationship are of concern, as well as barriers "built in" to the individual learner. For example, how does the student equate ideas that he hears in school with conflicting observations gathered outside of school —from peers, parents, other adults, and, perhaps, the mass media? How does he evaluate that most powerful of evidence—his own personal, empirical experience (as, for instance, in finding his own experience in driving home without incident after an evening of drinking in conflict with the general teaching about drinking and driving)?

Many other comparable questions would simply illustrate the complexity of this educative task. Some general principles, drawn from studies of attitudes and behavior in relation to other health conditions, may be helpful at this point—at least as hypotheses. Let's apply them to teaching that is aimed at fostering an attitude against drinking. In order to incorporate this belief (and its

logical concomitant behavior, abstinence), the student must be convinced that (1) the effects of drinking are serious and should be avoided, (2) he is personally "susceptible" to such effects, and (3) the action suggested is reasonable and the only one to prevent the "bad" effects. Probably the "point of weakness" is (2), above; it is relatively easy (and actually some of our cultural values encourage one) to say, "These things won't happen to me!" Further, too much emphasis on instruction related to (1), above, can raise anxiety to the point where the learner simply "tunes out" the message or unconsciously distorts it to fit more harmoniously with his present beliefs. In brief, there are many ways in which students can make teaching "palatable," avoiding the challenge to modify their attitudes and basic ways of thinking.

However, the fact that teaching isn't an extremely "efficient" process in terms of predictable results (particularly in a society that puts value on the individual's thinking for himself) certainly doesn't negate the reality that many people *do* act in concert with what they know, that people *do* change their beliefs, and that many highly praiseful ways of behaving that are learned in the preschool and early school years are strengthened by accurate, scientific teaching in the school. In teaching—and this is of supreme importance—a teacher must communicate to his students (oftentimes indirectly) that *he respects their right to think as they do*—even though he may disagree *violently* with the conclusion of that thought. Without mutual respect there can be little communication, for most of the energies of both teacher and student will be used in developing and exercising the defenses of their own position.

What are some "directions toward effectiveness" in teaching about alcohol? Let's consider three.

1. The approach with the greatest hope for long-term influence is a positive, cultural one, where the teaching centers on the ways in which different groups in the culture use alcohol—or don't use it. Fear or anxiety-producing presentations should be curtailed in favor of those showing the patterns, attitudes, and motivations of the many subgroups in our culture—including, as examples, alcoholics as one, Christian total abstainers as another, and teenagers as another. To those total abstainers who would resist this because "it would present drinking as a normal thing—and encourage youngsters to drink," the appropriate reply should be, "O ye of little faith!" Total abstinence has much to recommend it, and perhaps even more people would select this as their model behavior if it were presented in a positive rather than in a "thou shalt not commit this sin" manner. If there is one thing education must do at this time, it is to accomplish a reduction in the belief that "everyone feels about this as I do." The positive way to do this is to emphasize how and why people living and working together act and react differently from one another. Drinking behavior should be an exceedingly fine topic with which to do this.

2. When classroom instruction is being given in relation to drinking it should be done on Friday and/or

Monday. Recent research indicates that the closer an educational experience is to the actual action desired the more effective it is apt to be. Since most high school and college drinking occurs on weekends, teaching just prior to or just following the weekend might be much more likely to titillate an attitude.

3. Let's minimize classroom instruction for all, and do an exceedingly good job with the "gatekeepers." The concept of the "gatekeeper" is that which points out the natural leaders of groups (formally chosen or informally arising) and the influences they have on the attitudes and behavior of their peers. The suggestion, then, is to identify those gatekeepers from the various student groupings in a high school (no easy task in itself, but possible), develop a means for bringing them together, and help them to exchange ideas and values and get their facts straightened out—and then let them do the educating, translating the ideas about alcoholic beverages into terms their peers will understand.

In conclusion, modifying attitudes in the classroom continues to be a complex process. Drinking is still a calefactory subject, still a source of emotion and disagreement. Knowledge has increased, but, as is always the case, so has the quantity and quality of the unanswered questions and the unexplored facets of the issue. We struggle still with the recognition that alcohol and its consumption brings forth two kinds of statements, each based on firm fact and experience, yet each utterly different in its perception of the significance of the beverages. Everett Tilson, in his book *Should Christians Drink?* looks at alcohol and sees its role in the genesis of misery, upset, and pain. He writes:

"Drivers under the influence of alcohol annually commit more murders than all the most wanted criminals in the past two decades have committed. . . . Drunken drivers . . . are responsible for getting drunk if not for what they do after becoming so. . . . Between one fourth and three fourths of all divorces have it as a primary cause or a major contributing factor. . . . In each area . . . industry, sports, crime, juvenile delinquency, and other aspects of our individual and corporate life . . . the nature of its influence falls in the same disruptive and destructive category. In other words, it more often encourages the kind of realism we meet in Erskine Caldwell and *Tobacco Road* than in Jesus Christ and the Sermon on the Mount."

Yet, somewhat incredibly, Bernard DeVoto, the well-known author, critic, and editor, has looked at the amber fluid and concluded differently. Says he, as a toast:

"The water of life was given to us to make us see for a while that we are more nearly men and women, more nearly kind and gentle and generous, pleasanter and stronger, than without its vision there is any evidence we are. It is the healer, the weaver of forgiveness and reconciliation, the justifier of us to ourselves and to one another. One more, and then with a spirit made whole again in a cleansed world, to dinner."

The contrast is obvious; it needs no further comment; yet this contrast is the crux of the issue that has been presented here.

Sociology of Alcoholism

This article is a condensation of selected sections from an article entitled "Social Organization and Alcoholism: A Review of Significant Research Since 1940," written by Harrison M. Trice, New York State School of Industrial and Labor Relations, Cornell University; and David J. Pittman, Director, Metropolitan Population Project, The Social Science Institute, Washington University, which appeared in *Social Problems*, Spring, 1958. Not summarized are reviews of research on anthropological studies, drinking groups and alcoholic subcultures, and social-class influence.

DURING the past fifteen years a genuine sociology of alcoholism has developed. Prior to this period a pseudosociology prevailed, consisting of an accumulation of random facts and figures and focusing on the dramatic and the unusual features of alcoholism, ignoring the role of the sociocultural milieu of the inebriate. As alcohol research matured, this exclusive attention to the alcoholic gave way to a consideration of how nonalcoholic drinking behavior is socially organized and how this contributes to alcoholism. Today these social forces are widely accepted as playing a prominent role in the alcoholism process. Sociologists, social psychologists, and anthropologists have contributed substantially to the understanding of drinking behavior as it relates to the degree of alcoholism in a social unit. This article attempts to abstract, integrate, and bring together most of these data.

Theoretical Frame of Reference

Two kinds of theoretical orientation for analyzing the relationship between social organization and drinking behavior are present in the literature of this period: (*a*) the social organization of drinking behavior itself and (*b*) the way in which the total societal structure interprets and defines alcohol usage.

Bacon has provided the earliest sociological framework for analyzing drinking behavior. He has outlined in detail the social components that organize drinking conduct. These include the function alcohol usage serves in a society, the rationale that justifies its use, acceptable and unacceptable behavior while drinking, positive and negative sanctions operating to control and motivate various drinking behaviors, and specific rules concerning the details of drinking situations. Such a back-

ground analysis puts any deviation in drinking behavior into perspective.

The second orientation consists of an analysis of the structure of interpersonal relations in any society as these relate to the stimulation or repression of alcohol usage. Bacon's analysis of drinking in complex, secular societies is an early example. In such societal structures, in contrast to simple, sacred societies, persons are more self-contained and independent, more ignorant of each other, and more prone to aggressive and competitive relationships. But a psychological need for unsuspicious, relaxed interaction is also present. Alcohol allows this need to be met, serving as a quick way to break down the secular barriers to social intercourse. Thus, complexity of social structure enhances the function of alcohol, increasing and firmly establishing its widespread use.

Bales has gone a step farther and developed a threefold outline for analyzing the relation of alcohol to social organization patterns. Rates of alcoholism can be influenced by (*a*) the degree to which the culture operates to bring about acute needs for adjustment and inner tension in its members; (*b*) the kinds of attitudes toward drinking the culture produces in its members; and (*c*) the degree to which the culture provides substitutes for alcohol as a way to manage tension and anxiety.

According to Lemert, societal values as they touch on alcohol usage are the crucial factors differentiating societies in which alcoholism occurs from those in which it does not.

Myerson emphasizes the curious intermingling of both positive and negative sanctions in American society relative to drinking behavior. An ambivalence toward drunkenness pervades the general societal reaction, providing the basis for the isolation of the excessive drinker from ordinary drinking situations. Trice has sketched an outline for analyzing face-to-face drinking group processes in American society as they relate to alcoholism. The focal point of the analysis is the rejection process, whereby the developing alcoholic becomes isolated from "acceptable" drinkers.

Ethnic and Religious Status

The most researched subject under this heading is the difference between Jewish and Irish rates of alcoholism in America. Although both groups use alcohol abundantly, the Jewish rate is surprisingly low compared to the Irish rate. Yet the Jews seem to have as high, if not higher, rates of other behavior pathologies than do other ethnic and religious groups. Three major research efforts have been aimed at explaining the unusually low alcoholic rate among Jews.

These research efforts, along with the study of the Cantonese Chinese, clearly emphasize the role of social control factors in alcoholism. Among the Jews, drinking of alcoholic beverages is included as an integral part of the socialization process, becoming a part of their inhibitory behavior. The Cantonese set up well-defined negative sanctions within a permissive context. Since neither group contains chronic alcoholics, these aspects of social organization apparently play a vital role in prevention.

The role of religious asceticism

has been examined as it relates to drinking behavior. Ascetic Protestantism feared alcohol because its ideal-typical personality was based upon "inhibition, distrust of impulse, and deliberate control of the affective life in behalf of a rational organization of action oriented toward some kind of achievement."

Straus and Bacon have provided some specific data indicating that religious asceticism is related to higher alcohol complications once drinking is commenced. In a study of over 15,000 college students, an analysis was made of the frequency of being "high," "tight," and "drunk" among various religious groups. Of the Jewish drinkers, 67 per cent had been tight, 45 per cent had been drunk, and 18 per cent had passed out. Of the Mormon students who drank, 88 per cent had been tight, 74 per cent had been drunk, and 40 per cent had passed out. Findings on a social complications scale involving alcohol usage were consistent with this difference between a nonascetic religious group (Jews) and one much closer to asceticism (Mormons).

Role of the Family

Although other pivotal institutions have received some research attention, the family experience of alcoholics is the one institutional pattern about which most is known.

Two studies indicated the high exposure of the developing alcoholic to alcoholic relatives. Bleuler found the incidence of alcoholism among parents and siblings of 50 high-status alcoholics higher than in the general population.

As a result, he concluded that psychological and social factors were more crucial than heredity.

Roe studied 61 children who grew up in foster homes. Twenty-five were the offspring of normal parents, i.e., neither parent was alcoholic, psychotic, nor generally deviant. The other 36 children were selected in such manner as to accentuate alcoholic parentage to an extreme degree.

When these two groups had reached an average age of 28 and 32, respectively, they were compared for alcoholic tendencies. No differences were present.

Apparently, the lack of exposure to daily contact with alcoholic parents removed the high expectancy of alcoholism among their children.

Awareness of a drinking problem in a parent had no deterrent effect on the college students studied by Straus and Bacon. Of the students who reported a problem-drinking parent, a substantially higher proportion drank than those who did not.

Haer's research indicated the effectiveness of friends and spouse in establishing drinking practices. These individuals were more influential than the drinking practices of the parental generation in determining how children drank.

Parental attitude toward the child who became an alcoholic was described, ex post facto, by Mowrer. The alcoholic's family status was ambiguous. It was almost impossible for the child to build up stable expectations. As an alcoholic, he retained the attention-receiving role with which he had managed the ambiguity of childhood. Alcoholism thus performed the functions of social adjustment, keeping the individual in the family limelight.

Wives of alcoholics encouraged their husband's alcoholism, according to one series of research data.

Macdonald presented data on 18 cases of mental disorder occurring in wives of alcoholics. He offered the hypothesis that a basic disturbance of the wife's emotional equilibrium took place if her husband achieved sobriety.

Jackson dealt with the manner in which the family as a unit adjusted to the presence of an alcoholic. The wife was not necessarily satisfying some unconscious need, but was reacting to the stress of a culturally unstructured situation.

Finally, Bacon has shown the social isolation of the problem drinker from participation in institutional life, the most important index of which was a failure to marry.

THE CHRISTIAN FAMILY AND RAPID SOCIAL CHANGE

The interdenominational "social education" emphasis for 1961–1962 is "The Christian Family and Rapid Social Change."

Families today are being subjected to greater stresses and strains than ever before. They are buffeted from without by bewildering sociological and technological changes and torn from within by confusions, doubts, and anxieties.

To what extent is family life determined by social forces and community pressures? What are the influences of industrialization and automation, of urbanization and suburbanization, of world unrest, of secularization of social values? To what extent is the family equipped to understand and deal with these forces in the light of their Christian faith?

The editors of SOCIAL PROGRESS heartily recommend a study guide, *Christian Family in Today's World*, edited by Harold Letts, for use in connection with the co-ordinated emphasis. The study guide is available from the Office of Publication and Distribution, National Council of Churches, 475 Riverside Drive, New York 27, N.Y., 64 pages, 50 cents.

The target date of the emphasis is Christian Family Week, May 6 to 13, 1962. Additional resource material will be available—a Christian Family Week poster and a 16-page guide for "A Week of Family Devotion," 10 cents each, $7.50 per hundred.

Suggested Reading

The Alcohol Language: With a Selected Vocabulary, by Mark Keller and John R. Seeley. University of Toronto Press, 1958. 32 pp. $1.50.

The Disease Concept of Alcoholism, by E. M. Jellinek. Hillhouse Press, 1960. 246 pp. $6.00.

Basic Information on Alcohol, by Albion Roy King. Cornell College Press, Mount Vernon, Iowa, 1960. 160 pp. Paper, $1.50; cloth, $3.00.

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ALCOHOLISM

Answers to the Self Test

1. False—The term "alcoholic" is defined differently in different countries and regions of the world. The typical American "alcoholic" does not behave in the same way as does the typical "French alcoholic" or "Finnish alcoholic."

2. False—Though alcoholism is found among people from all educational levels, socioeconomic levels, and types of work, there are certain exceptions, in the United States, to the concept of equality of chance. The first exception centers in age, with alcoholism found rarely under age 27 or over age 70; the great majority are between 33 and 53. Second, there are somewhere between 5 and 6 male alcoholics to one woman alcoholic in this country. Third, certain ethnic-religious groups (Jews, Chinese, Italians) have rates of alcoholism far below average.

3. True—Undoubtedly, all alcoholics exhibit personality and emotional problems that helped to bring on their condition. Though intensive work still goes on to prove that there is something in the alcoholic's basic body biochemistry that "predisposes" him to alcoholism, the findings are far from conclusive as yet.

4. True—There is no sure, agreed-upon, scientific method for determining who is an alcoholic (and, therefore, how many there are). Estimates run from 3⅔ million to nearly 6 million, with 4½ million being about an average guess.

5. False—On the contrary, one trait very commonly found in the American alcoholic is a basic dependence upon others. Others are: (1) schizoid tendencies (a basic sense of estrangement from people), (2) depression, (3) hostility, (4) sexual immaturity.

6. True—There are many variations in the nature of this first drinking experience among alcoholics, but also many similarities. Of the latter, the following have been documented: (1) tendency to have first drink later in life than nonalcoholic, (2) fewer had first drink at home with parents, (3) often had first drink in an "odd" place, (4) frequently had first drink with an older person (or persons)—or often alone, (5) frequently got sick the first time.

7. False—The main purpose of AA is to help the alcoholic stop drinking, and to help him preserve his sobriety by sharing it with other interested alcoholics.

8. True—Experience in AA shows that "hitting bottom" is fundamental to recovery. The alcoholic must also surrender his developed feelings of personal strength and humbly accept a power greater than himself as a needed source of strength.

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